

FY14 Enrollment Factsheet

Name _____			
Address _____	City _____	State _____	Zip Code _____
Social Security Number _____	Birth Date _____	Gender _____	
Date of Hire _____			

As new employee, one of the first things you'll want to do is select benefits for yourself and your eligible dependent(s). Before you enroll, read through the enrollment material at <http://benefits.sd.gov> for more detailed information about benefit choices and plan features. Mark your FY14 elections on this Factsheet to use as a guide when enrolling online.

You must make your choices within the first 30 days of your date of hire.

- A 12-month pre-existing condition waiting period is applied until you provide a certificate of creditable coverage for anyone age 19 or over covered by the plan. This must be submitted to the Bureau of Human Resources in order to reduce the pre-existing condition. A certificate of creditable coverage should have been issued to you by your previous employer or insurance company.

If you do not make benefit elections within 30 days of hire:

- You will be given the default coverage (\$1,000 Deductible Plan), with no dependent coverage.
- You will not be eligible for Flexible Benefits until Annual Enrollment.
- You will not be able to make benefit elections for yourself and/or any eligible dependent(s) without a qualified family status change (i.e. birth, pending birth, adoption, marriage, etc) or until the next annual enrollment.

To enroll visit <http://benefits.sd.gov>

- Click on Active Employee
- Scroll over Enroll
- Click on New Employee
- Click on Click Here to Enroll
- Enter your User ID which is the last 4 digits of your social security number, plus year, month, and day of birth (Format SSSSYYYYMMDD)
- Enter your initial Password which is your date of birth (Format YYYYMMDD)
- Click Login
 - Create your new Password and Security Questions and enter an email address.
 - Click Submit.
- **When finished, write down your confirmation number on your Factsheet for your records.**

Eligible Dependent Information

You must provide the following information about any eligible dependents you wish to enroll. To make the process easier, write that information below and refer to it during your enrollment. List only dependents you want to cover in FY14. The plans to the far right of the sheet indicate benefit choices you can make for each dependent. Please note: The relationship codes are self, spouse, and child.

Name	SSN	Birth Date	Gender	Relationship	Health/Dental/Vision/MIP/HIP
				Self	

Refer to your Summary Plan Description Document for details about eligible dependents, initial and special enrollment periods, and definition of late entrants.

Health Plan

Plan Options:

- Opt-Out* (no coverage)
- \$500 Deductible Plan
- \$1,000 Deductible Plan
- \$1,800 Deductible Plan

Coverage Levels: (visit <http://benefits.sd.gov> for contribution rates)

- Employee only
- Employee + one child
- Employee + two children
- Employee + three or more children
- Employee + spouse
- Employee + spouse + one child
- Employee + spouse + two or more children

*If you elect to Opt-Out of the Health Plan, you must provide proof of creditable coverage from another group health plan by providing satisfactory written evidence to the Bureau of Human Resources. You are also eligible to receive an Opt Out credit of \$300. Please refer to the Summary Plan Description Document at <http://benefits.sd.gov> for more information.

Tobacco User Status

- Neither my covered spouse nor I use a tobacco product
- Only I use a tobacco product
- Only my covered spouse uses a tobacco product
- My covered spouse and I both use a tobacco product

Coordination of Benefits

Are you (the employee) covered for health care coverage under another group health plan or Medicare?

- Yes
- No

If your spouse or any of your dependents are covered under the South Dakota State Employee Health Plan, are they also covered for health care coverage under another group health plan?

- Yes
- No

Dental Plan

Base Plan Coverage Levels:

Premiums Per Pay Period	
24 Pay Periods	12 Pay Periods
\$ 0.00	\$ 0.00
\$ 12.64	\$ 25.26
\$ 22.63	\$ 45.26
\$ 33.31	\$ 66.62
\$ 41.13	\$ 82.26

- No coverage
- Employee only
- Employee + one dependent
- Employee + two dependents
- Employee + three or more dependents

Enhanced Plan Coverage Levels:

Premiums Per Pay Period	
24 Pay Periods	12 Pay Periods
\$ 0.00	\$ 0.00
\$ 21.28	\$ 42.56
\$ 37.02	\$ 74.04
\$ 49.16	\$ 98.32
\$ 66.34	\$ 132.68

- No coverage
- Employee only
- Employee + one dependent
- Employee + two dependents
- Employee + three or more dependents

Vision Plan

Coverage Levels:

Premiums Per Pay Period	
24 Pay Periods	12 Pay Periods
\$ 0.00	\$ 0.00
\$ 7.62	\$ 15.24
\$ 10.16	\$ 20.32
\$ 13.97	\$ 27.94
\$ 18.42	\$ 36.84

- No coverage
- Employee only
- Employee + one dependent
- Employee + two dependents
- Employee + three or more dependents

Major Injury Protection Plan (MIP)

Coverage Levels:

Premiums Per Pay Period	
24 Pay Periods	12 Pay Periods
\$ 0.00	\$ 0.00
\$ 5.32	\$ 10.64
\$ 8.74	\$ 17.48
\$ 12.74	\$ 25.48
\$ 16.23	\$ 32.46

- No coverage
- Employee only
- Employee + one dependent
- Employee + two dependents
- Employee + three or more dependents

Hospital Indemnity Plan (HIP)

Coverage Levels:

- No coverage
- Employee only
- Employee + one dependent
- Employee + two dependents
- Employee + three or more dependents

	Premiums Per Pay Period	
	24 Pay Periods	12 Pay Periods
	\$ 0.00	\$ 0.00
	\$ 5.63	\$ 11.26
	\$ 5.97	\$ 11.94
	\$ 9.96	\$ 19.92
	\$ 15.42	\$ 30.84

Short-Term Disability Income Protection Plan

Coverage Level:

- No coverage
- Employee only

	Premiums Per Pay Period	
	24 Pay Periods	12 Pay Periods
	\$ 0.00	\$ 0.00
	\$ 5.70	\$ 11.40

Medical Expense Spending Account

Elect the total amount you want deposited. The annual maximum deposit to the Medical Expense Spending Account is \$2,500 for 2014 calendar year.

Options:

- No participation
- Participate and contribute \$ _____ per pay period

Dependent Care/Day Care Spending

Based on your tax filing status, the maximum you can contribute annually is either \$2,500 or \$5,000. See your Summary Plan Description Document for rules that may affect contribution amounts.

Options:

- No participation
- Participate and contribute \$ _____ per pay period

Enter your CONFIRMATION NUMBER for your records _____

Life Enrollment

The South Dakota State Employee Health Plan provides you with Basic Life Coverage in the amount of \$25,000. You may also elect additional Supplemental Life Coverage and Dependent Life Coverage.

Employee Supplemental Life Insurance

Options:

- No coverage
- 2 x annual salary
- 3 x annual salary
- 4 x annual salary
- 5 x annual salary

You may choose Supplemental Life Coverage equal to two, three, four, or five times annual earnings (rounded to the next highest multiple of \$1,000 but in no event shall the amount of coverage exceed \$400,000). The cost for this coverage depends on the amount of coverage you choose and your age.

If you elect Supplemental Life coverage, you will receive a Basic Long Term Care monthly facility benefit of \$1,500 per month coverage with a two year duration through Unum. See your Summary Plan Description Document for more information about Long Term Care.

CONTRIBUTION RATE PER \$1000 OF COVERAGE PER PAY PERIOD

<u>AGE GROUP</u>	<u>24 Pay Periods</u>	<u>12 Pay Periods</u>
<25	\$0.030	\$0.06
25 to 29	\$0.030	\$0.06
30 to 34	\$0.030	\$0.06
35 to 39	\$0.050	\$0.10
40 to 44	\$0.065	\$0.13
45 to 49	\$0.090	\$0.18
50 to 54	\$0.135	\$0.27
55 to 59	\$0.160	\$0.32
60 to 64	\$0.250	\$0.50
65 to 69	\$0.520	\$1.04
70+	\$0.900	\$1.80

Employee Accidental Death & Dismemberment (AD&D)

The AD&D coverage provides a life benefit in the case of accidental death and dismemberment. AD&D must equal the Supplemental Life Coverage.

Options:

- Yes, I want AD&D.
- No, I don't want AD&D.
- N/A

CONTRIBUTION RATE PER \$1000 OF COVERAGE PER PAY PERIOD

24 Pay Periods	12 Pay Periods
\$0.015	\$0.03

Dependent Life Insurance

Employees who are covered under Supplemental Life coverage may elect \$10,000 Dependent Life Coverage. The cost is regardless of the number of eligible dependents. If Employee AD&D is elected, it will also apply to Dependent Life Coverage. The contribution rate for 24 pay periods is \$0.15 and for 12 pay periods \$0.30.

Options:	Contribution Per Pay Period	
	24 Pay Periods	12 Pay Periods
<input type="checkbox"/> No coverage	\$ 0.00	\$ 0.00
<input type="checkbox"/> \$10,000 Life coverage	\$ 1.13	\$ 2.26
<input type="checkbox"/> \$10,000 AD&D coverage	\$ 0.15	\$ 0.30

Life Insurance Beneficiary(ies)

Enter the beneficiary(ies) first name, last name, address, relationship (i.e. spouse, child or other), and share to each beneficiary.

Primary Beneficiary(ies)

First Name/Last Name	Address	Relationship	Share to each
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Contingent Beneficiary(ies)

First Name/Last Name	Address	Relationship	Share to each
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For those who need assistance or those individuals with out electronic access, please call the Bureau of Human Resources Benefits Program at 605.773.3148 or 877.573.7347, option 2.